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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## a valid OMB control number. Attorney Docket Number **IMI-008 DECLARATION FOR UTILITY OR** CHRISTIAN, S.T. **First Named Inventor DESIGN** COMPLETE IF KNOWN PATENT APPLICATION **Application Number** NEW (37 CFR 1.63) Filing Date July 22, 2003 Declaration ☑ Declaration Submitted Submitted after Initial **Group Art Unit** Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
PHARMACEUTICAL DOPAMINE GLYCOCONJUGATE COMPOSITIONS AND METHODS OF THEIR PREPARATION AND USE										
the specification of which (Title of the Invention)  It is attached hereto										
OR was filed on (MM/D	D//YY)	as United	d States Applica	tion Number or PCT International						
Application Number	and wa	as amended on (MM/DD/Y)	m	(if applicable).						
amended by any amendme	eviewed and understand the ont specifically referred to about the control of the	ove.	·							
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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO						
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number	(s) Filing Date	⊕ (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
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[Page 1 of 2]

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.															
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John S. Sundsmo 34,446															
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Address	Bio	MedP	atent	.com											
Address	P.0	O. Box	535	٠									,		
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believed to be punishable by	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										o made are				
Name of So	ole or F	irst In	vento	r:					A petiti	ion	has been	filed fo	r this u	ınsigned inve	ntor
Given Name (first and middle [if any])								Family Name or Sumame							
Samuel T.							<u> </u>	Christian							
tnventor's Signature		Deceased											Date		
Residence: (	dence: City Alabaster			s	State AL Country USA Citizensi						Citizenship	USA			
Post Office Address 1260 Willow Creek Place															
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□Additional	invento	rs are b	eing na	amed c	n the	_su	pplemei	ntal Ad	ditional	l Inv	rentor(s) s	sheet(s	) PTO/	SB/02A attac	hed hereto

Country

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## **ADDITIONAL INVENTOR(S) DECLARATION** Supplemental Sheet Page 1 of 1 A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Given Name (first and middle [if any]) Family Name or Sumame John S. Sundsmo inventor's 7/22/03 Date Signature ∜ista CA lusa **USA** Residence: City State 1738 Elevado Rd. **Post Office Address** Post Office Address Vista CA 92084 City ZIP Country State A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Given Name (first and middle [if any]) Family Name or Surname inventor's Signature Date State Country Citizenship Residence: City Post Office Address **Post Office Address** City State Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Inventor's Signature Date Residence: City Citizenship Country Post Office Address **Post Office Address**

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## **DECLARATION** — Utility or Design Patent Application

United States of America, listed below and, insolar as the subject maker of each or the cannot the cannot be a few and the first assembled \$2.11.2 Lecture the thirty to disclose															
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Additional U.S. or PCT intermetional application numbers are listed on a supplemental priority data sheet PTO/SB028 affached hereto. As a named inventor, I hereby appoint the following registered practitioner(e) to prosecute this application and to trunsact all business in the Pater and Tradement Office connected theretoil.   Customer Number   Place Customer Number   Place Customer Number   Registered practitioner(e) name/registeration number listed below   Registeration   Number	U.S. Parent Application or PCT Parent								_	e					
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Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/Q2C attached hereto.    Direct all correspondence to:	John C. C.	******													
Name John S. Sundsmo, PhD  Address BioMedPatent.com  Address P.O.Box 535  City Vista State CA ZIP 92085  Country USA Telephone 760-806-3385 Fax 760-806-3395  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are purishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.  Name of Sole or First Inventor:  Given Name (first and middle [if anv]) Family Name or Surname  SAMUEL T. CHRISTIAN  Inventor's Signature Survey CHELSA State AL Country 35043 Citizenship USA  Post Office Address #7 EL CAMINO REAL	John 5. 51	unasm	o, PhD		37,77	O .		1							
Name John S. Sundsmo, PhD  Address BioMedPatent.com  Address P.O.Box 535  City Vista State CA ZIP 92085  Country USA Telephone 760-806-3385 Fax 760-806-3395  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are purishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.  Name of Sole or First Inventor:  Given Name (first and middle [if anv]) Family Name or Surname  SAMUEL T. CHRISTIAN  Inventor's Signature Survey CHELSA State AL Country 35043 Citizenship USA  Post Office Address #7 EL CAMINO REAL								ļ							
Name John S. Sundsmo, PhD  Address BioMedPatent.com  Address P.O.Box 535  City Vista State CA ZIP 92085  Country USA Telephone 760-806-3385 Fax 760-806-3395  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are purishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.  Name of Sole or First Inventor:  Given Name (first and middle [if anv]) Family Name or Surname  SAMUEL T. CHRISTIAN  Inventor's Signature Survey CHELSA State AL Country 35043 Citizenship USA  Post Office Address #7 EL CAMINO REAL								Ļ							
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Address BioMedPatent.com  Address P.O.Box 535  City Vista State CA ZIP 92085  Country USA Telaphone 760-806-3385 Fax 760-806-3395  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are purchabable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.  Name of Sole or First Inventor:  Given Name (first and middle [if anv]) Family Name or Sumame  SAMUEL T. CHRISTIAN  Inventor's Signature Date Signature  Residence: City CHELSA State AL Country 35043 Citizenship USA  Post Office Address #7 EL CAMINO REAL	Direct all con	respond	ence to:					-	0	₹ 🔽 0	отевро	ondence add	ress below		
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Country  USA  Telephone  760-806-3385  Fax  760-806-3395  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and fine like so made are purishable by fine or imprisorment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.  Name of Sole or First Inventor:  Given Name (first and middle [if anv])  Family Name or Sumame  SAMUEL T.  CHRISTIAN  Inventor's  Signature  Post Office Address  #7 EL CAMINO REAL  Country  35043  Citizenship USA															
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